

## GUIDESTEPS FOR RELATED SERVICE PROVIDER SURVEY (S-4)

This form is used to gather feedback from related service providers in a private, non-threatening manner. The directions accompanying the survey request the provider to complete the form and mail directly to the Arizona Department of Education in the attached envelope.

The purpose of the survey is to obtain consumer feedback from the related service provider's perspective regarding the implementation of special education policies and procedures. Examples include questions to test the level of the provider's participation in the evaluation process, development of the IEP, and in the decisions regarding the need for assistive technology services.

It is necessary to transfer the results of all surveys onto the S-4 Summary.

<b>Question Location on SOF</b>	<b>Instructions</b>
#1 No Citation	Related service providers will designate their role.
#2 No Citation	Record the positive information for synopsis of the LEA's strengths onto the final report.
#3 II.B.5.c	This item is used to determine if related service providers are actively contributing to the evaluation process by providing information and observational comments related to student performance and the student's ability to progress in the general curriculum.
#4 II.B.8	This item intends to determine if the needs for assistive technology services including evaluation, devices, and instruction are considered by the multidisciplinary evaluation team (MET/IEP team).
#5 III.B.4.h	This item is used to determine if the IEP team is addressing the related service needs of students or if decisions are being made unilaterally by the individual provider.
#6 III.B.4.i	This item is intended to determine if related service providers participate in decisions regarding appropriate adaptations (accommodations and modifications) to be used during instruction and testing. Comments should be summarized in strengths and concerns.
#7 IV.B.2	This item is to determine if all services are being provided to the extent listed on IEPs. These services could include regular education modifications and/or related services. Comments should be included in the summary of strengths and concerns.
#8 IV.B.10	This item will be left blank if a related service provider has no experience with a hearing impaired child. The item is used to determine if providers are aware of the need to check the proper functioning of hearing aides on a daily basis.
#9 V.B.1.d	This item determines if the school has appropriately trained related service providers on issues of confidentiality.
#10 No Citation	This item is used to determine what concerns, if any, the relate service provider has regarding the special education program. Discuss concerns with the monitoring team and summarize for the exit conference and the final monitoring report to be sent to the school.